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Dr. Cassagnol Publishing House, Studios & Museum ® ... a Dr. Eassagnol's Family of Global Media & Digital Publishing Companies! TM

**** Ambassador Dr. François de Cassagnol Designer

Founder & Chairman of the Board

The Afro-Hispanic American Chambers of Commerce Dr. Cassagnal Foundation Incorporated

... a 501(o)(3) Non-Profit, Tax-Exempt, Charitable, Educational, Scientific & Economic Development Organization! P.O. Box 740 @ Williams Bridge Station, Bronx, New York 10467-0740 U.S.A.

STAR NICOLE: THIS IS TO RE-CONFIRM THAT PAL SR. CASSAGNOL PUBLISHING HOUSE, SOUDIOS & MUSEUM GROUP IS a REGISTERED TRABEHARK OF DR. CASSAGNOZ/NSTINIE OF RESEARCH, INC. & is IN GOOD STANDING IN SE & FOUISIANA. THE MSTINITE IS ALSO A CERTIFIED MBE IN NY AS DER ATTACHHENT. DE. BIZ AGENT, ADDRESS IS NOTED.
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FEC MAIL CENTER

FEC FORM

STATEMENT OF ORGANIZATION

FORM 1	ORGA	NIZATION	j	Office Use: Only		
1: NAME OF COMMITTEE (in	full) (Check if n		12FE4M5			
		Political Action C of Research,	_	ncorporated : .]		
ADDRESS (number an	d street) [2260 Home	r Ave:	<u> </u>			
(Check if ad	The Dr. Cas	The Dr. Cassagnol Publishing House, Studios & Museum Group				
is changed)	Bronx		L NY	10473 - 1307		
		ĊĬŢŸ	STATE	ZIP CODE		
COMMITTEE'S E-MAI	L ADDRESS (Please provide or	nly one e-mail address)				
(Check if a is changed	ladress	Bureau@AOL.Con	0 4 <u>1 4 1 1 1 1</u>			
COMMITTEE'S WEB	PAGE ADDRESS (URL)					
(Check:if:a	www.The	GlobalDiasporaPA	C.orgiii	<u> </u>		
is changed		111111111		L. Avgáinsachta		
2: DATE: 0	16 2011			COMPONIE		
3. FEC IDENTIFIC	ATION NUMBER	C 00493510		2011		
4. IS THIS STATEM	NEW (N)	OR X AMENDE) (<u>(</u>)	AWA MANAGEMENT OF THE PARTY OF		
I certify that I have e	xamined this Statement and to	the best of my knowledge and	belief it is true, correc	t and complete.		
Type or Print Name of	Ambassa Ambassa	idor Dr. Francois o	de Cassagno	<u> </u>		
Signature of Treasure	Spon	pl, RA.	Date 05	16 L 2011		
NOTE: Submission of f		ormation may subject the person	**	the penalties of 2 U.S.C. §437g.		
Office Use Only		For further infor Federal Election Toll Free 800-424 Local 202-694-11	Commission -9530	FEC FORM 1 (Revised 02/2009)		

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		m 1 (Revised 02/2009)	Page 2
		OMMITTEE. Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.	ĵ
(þ):		This:committee is an authorized committee, and is:NOT a principal campaign committee (Cominformation below.)	plete the candidate
Name Cand		<u>Levaluation in the representation of the residence of th</u>	
Cand Party	idate Affiliatio	Office House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District.
Name Cand			
Part	y Con	mittee:	/Displace into
(d):		P! 13 24	(Democratic, Republican, etc.) Party.
Polif	lical A	ction Committee (PAC):	
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation: Corporation: Wio Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(1)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secondities. (i.e., nonconnected committee)	egregated fund or party
		in addition, this committee is a Lobbyist/Regist/ant PAC.	
		In addition, this committee is a Leadership PAC (Identity sponsor on line 6)	
Join	t Fund	raising Representative:	
(ġ)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a fedoral candidate.	
(h)		This committee collects contributions; pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo:or.more;political
	Comi	nittees Participating in Joint Fundraiser	
	1 .	FEC ID number C	
	2,	FEC JD number C	
	3.	FEC 10 number C	
	4.	FEC ID number C	



FEC Form 1 (Revise	ad (02/2009)		Page 3
Write or Type Committee Na			
The Global D	Diaspora PAC (Political	Action Com	mittee), Inc.
. Name∉of Any∛Connecte	d Organization, Affiliated Committee, Joint Fund	iralsing Representative, or i	eaderenip PAC Sponsor
The Dr. Cassa	agnol Publishing House, S	Studios & Muse	eum Group 🕞 🗀
	f Dr. Cassagnol Institu	'	
	1 108 W. 13th, Street	_	
Mailing Address	in c/o of Biz Agent;		corporated
	Wilmington		19801 -
Relationship: Conne	cted Organization Affiliated Committee Join	t Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: I	dentify by name; address (phone number – option	al) and position of the perso	n in possession of committee
Full Name Aff	bassador Dr. Francois	de Cassagr	101, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
Mailing Address LP.O. Box 740 The Global Diaspora PAC FUND The Global Diaspora PAC, Incorporated			FUND
			ted
	Bronx	INY I	<u> 10467 0722 </u>
Title: or Position	:ČΙΤĂ:	STATE	ZIP CODE
	airman of the Board	elephone:number 718	3 - 874 - 6439
Treasurer: List the name any designated agent (e.g.	and address (phone number - optional) of the tre i., assistant treasurer):	asurer of the committee; and	d the name and address of
Full Name of Treasurer Am	bassador Dr. François de Ca	ssagnol	<u> </u>
Mailing Address	P.O. Box 740 The Globa	l Diaspora PAC l	FUNDERFILE
	The Global Diaspora PAC	, Incorporated	11111111
	Eronx CITY	STATE.	10467 - 0722 ZIP CODE
Title or Position Chairman/CE(D.& Treasurer	elephone number [7,18	- <u> 874 - 6439</u>
-	_		



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٠.	FEC For	m 1 (Revised 02/2009)	Page 4
	Full Name of Designated Agent	LAmbassador, Dr., François de Cassagnol	
	Mailing Address	P.O. Box 740 Dr. Cassagnol Institute of	Research, Inc.
	,-	The Dr. Cassagnol Publishing House, Studios,	& Museum Group
		Bronx I I I I I I I I I I I I I I I I I I I	10467 - 0740 ZIP CODE
	Title or Position	& Chairman of the Board Telephone number 17.1	<u> 874 - 6439 </u>
9.		: Depositories: List all banks or other depositories in which the committee deposits to oxes or maintains funds Depository, etc.	ivinds; holds accounts, rents
		JPMorgan Chase Bank, N.A.	
	Mailing Äddress	Coetle Will Ave Financial Cont	
	Walling Address	1309 Castle Hill Ave.	
		Bronx	110462 - 1307
		CITY STATE	ZIP CODE
	Name of Bank,	Depository, etc.	
	Mailing Address		
		CITY	ZIP CODE
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end

Date:

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2/22/2011 7:16:19 A.M. Eastern Standard Time

tax@bizfilings.com

CyberVillageCorp@AOL.Com

Home Account Customer Service



Questions? Call 800-981-7183

RE: Dr. Cassagnol Institute of Research, Inc.

DearAmb. Dr. Francois de Cassagnol:

Thank you for using BizFilings' Delaware Franchise Tax Filing Service.

Your order for BizlFillhgs Delaware Franchise Tax Filing Service was received on February 21, 2011. The total amount of your order was \$155.00, and will be charged to your credit oard ending with the last four digits 0150.

Choosing to file your Delaware Franchise Tax online with BizFilings guarantees your Franchise Tax fees will be paid and the necessary paperwork for your company will be filed by March 1, 2011 with the state of Delaware.

Did you know that BizFilings' registered agent service provides you with free access to BizFilings, our online compliance management tool? BizFilings provides you with quick access to important company data, compliance reminders for your company, the ability to add custom reminders, and the ability to access a library of useful compliance-related forms. If you haven't taken advantage of BizFilings yet for your company, you may access it through our Online Corporate Status Center at https://www.BizFilings.com/login.html.

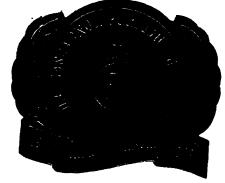
If you have any questions regarding your Delaware Franchise Tax or BizFilings, please contact our customer service team at 800-981-7183 or 608-827-5300 Monday - Friday from 8:00 AM - 7:00 PM central time, via Live Chat on our website at http://www.BizFilings.com/livehelp.htm from 8:30 AM - 5:30 PM Central time, or via email at tax@BizFilings.com.

Need help?

Contact us with any questions or concerns:

Email: info@BizFilings.com Phone:M-F 8am-7pm CT 800-981-7183





Amb. Dr. Francois de Cassagnol

R.O. Lox 740 CyberVillage Corporation
The Dr. Cassagnol Publishing House
Spies & Museum Group, Bronx, NY 10467

MC. 2/22/11



February 6, 1998

DR FRANCOIS DE CASSAGNOL DR CASSAGNOL INSTITUTE OF RESEARCH INC PO BOX 740 WILLIAMSBRIDGE STATION BRONX, NY 10467

Dear DR FRANCOIS DE CASSAGNOL:

This letter is sent to confirm your continued certification as a MBE -Owned Business Enterprise.

Be advised that your certification remains in effect until such time as you are contacted by this Office for recertification.

According to Chapter XIV of Minority and Women's Business Development 5NYCRR Section 144.8, any changes which affect ownership, managerial, and/or operational control, (i.e. company name, business address, telephone numbers, principal products/services and bonding capacity, etc) must be reported to this Office within 30 days of the occurrence of such changes. Failure to submit any changes could result in your firm's certification status being revoked and the name of your firm removed from the Directory.

If your cortification status is questioned by any public or private ontity, you may direct the inquiry to this Office for further clarification. Should you have any questions regarding this matter, you may contact me at (518) 473-0582.

We wish you continued success in your future endeavors.

Sincerely,

Michelle Marquez-Melecio

Vice President - Affirmative Action

Compliance and Certification

File # 8944

COPY

New York State Department of Economic Development One Commerce Plaza Albany New York 12245 Tel 518 473 0582 Fax 518 473 0665

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(D) (C) (M)

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State

REC **Z136** PAGE 485

LAWARE

Office of SECRETARY OF STATE

I, Glenn C. Kenton Secretary of State of the State of Delaware, do hereby certify that the above and foregoing is a true and correct copy of Certificate of Incorporation of the "DR. CASSAGNOL INSTITUTE OF RESEARCH, INC.", as received and filed in this office the fourth day of June, A.D. 1981, at 9 o'clock

		y Whereof, . seal al Dover		unto set my	y hand day
	: of	June		e year of o	ur Lord
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"在"		NIGAN L Bassider	Glenn C. Kento	on, Secretary of Sta	ite



State of DELAWARE



Office of SECRETARY OF STATE

I, Glenn C. Kenton,	Secretary of State of the State of Delaware,
do hereby certify tha	at the attached is a true and correct copy of
Certificate of	Incorporation
filed in this office on	July 26, 1982



RECEIVED FOR RECORD
AUG 1 2 1982

LTO J. EUCLY, Jr., Page der

Slenn C. Kenton, Secretary of State

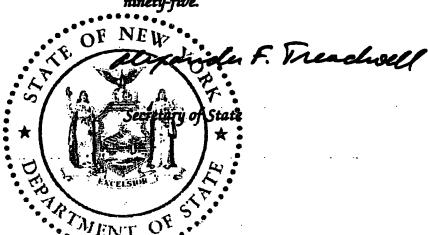
BY: K. Stagge Suly 26, 1982

DATE:

State of New York Department of State

I hereby certify, that DR. CASSAGNOL INSTITUTE OF RESEARCH, INC. a DELAWARE corporation, filed an Application for Authority to do business in the State of New York on 07/13/1994. I further certify that no certificate of Surrender of Authority has been filed, and so far as shown by the records of this Department, such corporation is still authorized to do business in the State of New York.

Witness my hand and the official seal of the Department of State at the City of Albuny, this 22nd day of May one thousand nine hundred and ninety-five.



199505230003



The Thinkeresity of the State of Nehr Hork

STATE OF NEW YORK

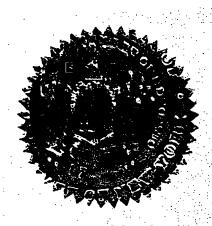
ss.:

COUNTY OF ALBANY

Pursuant to the provisions of the Business Corporation Law, consent is hereby given to the filing of the annexed application for authority to do business in the State of New York made by and on behalf of DR. CASSAGNOL INSTITUTE OF RESEARCH, INC., a corporation organized and existing under and by virtue of the laws of the State of Delaware which will be known in the State of New York as DR. CASSAGNOL INSTITUTE OF RESEARCH, INC.

This consent to filing, however, shall not be construed as approval by the Board of Regents, the Commissioner of Education or the State Education Department of the purposes or objects of such corporation, nor shall it be construed as giving the officers or agents of such corporation the right to use the name of the Board of Regents, the Commissioner of Education, the University of the State of New York or the State Education Department in its publications or advertising matter.

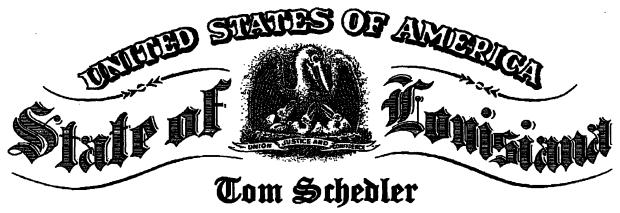
This consent to filing is granted with the understandings and upon the conditions set forth on the reverse side of this form.



IN WITNESS WHEREOF this instrument is executed and the seal of the State Education Department is affixed this 22nd day of June, 1994.

Thomas Sobol Commissioner of Education

Richard L. Nabozny
Senior Attorney



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

DR. CASSAGNOL INSTITUTE OF RESEARCH, INC., A DELAWARE CORPORATION, located at P.O. BOX 5454, BOSSIER CITY, LA 711115454,

Has filed for record in this department an application for the trade matk

THE GLOBAL DIASPORA PAC FUND WWW.THEGLOBALDIASPORAPAC.ORG;.COM, .INFO; .US; .BIZ AND .MO.BI...PROMOTING DR. .CASSAGNOL BESIGNER'S SIGNATURE-LINES:...MADE IN AMERICA! BRAND & LABEL & LOGO

Which was first used in the State of Louisiana on January 01, 1989, for class(es):

35 MISCELLANEOUS

Said application was filed and recorded in this Office on April 25, 2011, which recordition is for a term of ten years from the date hereof.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

April 28, 2011

JWWWW. Secretary of State

BB 62-9044



Certificate ID: 10162149#MJH62

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed.

www.sos.louisiana.gov

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this flling to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** 5/16/11 Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED

(3/2005)